Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number : (850)617-6381

from:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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FLORIDA PROFIT/NON PROFIT CORPORATION

Harper Law, P.A.

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\$78.75

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he mme of the corporat	ion shall he:		-
RTICLE II PRINC	IPAL OPFICE Principal <u>street</u> address	Mailing address,	if different is:
5 West Cedar Street			
suite 430			
consacola, Florida 3250	2		
RTTCLE III PURPO he purpose for which d	SE he corporation is organized is:	ce the profession of law and the laws	of the State of Florida
nd the laws of the Unit	ed States		
		·	
	· · · · · · · · · · · · · · · · · · ·		**
RTICLE V INTITA	LOFFICERS AND OR DIRECTORS Louis E. Harper III, President		
Name and Title	Ad Marie Carlan Carrer	Name and Title:	
Addresa		Address:	
	Suite 430		
	Pensacola, Florida 32502		
Name and Title:		Name and Title:	
Address		•	
Militar			
Name and Title:		Name and Title:	
Address		Address:	
			· —

Name as	od Title:	Name and Title:	
Addres		Address:	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptab	le) of the registered spent is:	
Name:	Louis E. Harper III		
Address:	25 West Coder Street, Suite 430		
	Pensacola, Florida 32502		
<u>ARTICLE VII</u>	INCORPORATOR		•
The name and a	ddress of the Incorporator is:		• 、
Name:	Louis E. Harper III		•
Address:	25 West Cedar Street, Suite 430		•
	Pensacola, Florida 32502		· 21
Effective date, if (If an effective filling.) Note: If the dat	EFFECTIVE DATE: 8/25/2017 f other than the date of filing: date is listed, the date must be specific and compared in this block does not meet the applications of the date on the Department of State's recomment of the specific and compared to the s	able statutory filing requirem	rs prior or 90 days after the
this cardficute, I	med as registered agent to accept service of pr um familiar with and accept the appointment	is regimered agent and agree	to act in this capacity
han	L. Have M. Required Signature/Registered Agent	<u> </u>	8/25/17 Date
I submit this do	coment and affirm that the facts stated hereit Department of State constitutes a third degree	are true. I am moure that to	he fulse information submitted in a 7.155. F.S.
,	- //	perony as provided for as sor	
Regt	S (feet) (B)		8/25/17 Date